CANNON BUILDING
861 SILVER LAKE BLVD., SUITE 203
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE

BOARD OF NURSING

TELEPHONE: (302) 744-4500
FAX: (302) 739-2711
WEBSITE: DPR.DELAWARE.GOV
EMAIL: customerservice.dpr@state.de.us

APPLICATION FOR APPROVAL OF CONTINUING EDUCATION PROVIDER
INSTRUCTION SHEET

When to File Application

The criteria and requirements for approval as a Nursing continuing education (CE) provider are in Sections 9.4 and 9.5 of the Board's Rules and Regulations. File this application when you are ***not*** any of the following approved providers:

- Nationally-accredited provider of nursing-related CE
- Organization or agency that is approved as a provider or has programs that are approved by a nationally-accredited approver of nursing-related CE
- Board of Nursing approved school of nursing
- Staff development department within a licensed health care agency
- Accredited educational institution

How to Apply

☐ Complete and sign application form.

☐ Enclose the non-refundable processing fee by check or money order payable to the "State of Delaware."

☐ Provide a written narrative that addresses each of the following criteria. Include any required documents mentioned. Describe:

- administrative authority of the potential provider. Include the job description of the person who is administratively responsible for provider activities.
- continuing education philosophy, purpose, and goals
- lines of authority and communication in relation to continuing education. Include organizational charts.
- plan for faculty selection
- plan for nursing participation in program planning and/or administration
- record system used and a procedure to ensure confidentiality and safe storage of course records
- criteria for planning and implementing continuing education activities
- criteria for verifying attendance;
- procedure to ensure that participants who successfully complete an educational activity will receive a document displaying an attendance record, number of contact hours awarded, provider name and number, title of presentation, and the date and location for each offering
- registration procedure(s)
- evaluation plan that includes:
  - procedure for participant evaluation that includes assessment of the instruction, resources and facilities, and
  - system for following up on suggestions for improvement

☐ Describe and include documents from ***two*** typical sample course offerings including all of the following:

- Narrative of the planning of the offerings including evidence of nursing participation
- Sample brochure or other form of advertising
- Course content (i.e., topical course outline and objectives)
- Teaching-learning methodologies and supportive materials
- Bibliography/reference list
- Sample participant evaluation form

☐ Mail to the Board of Nursing office at the address above.

Review Process

The Executive Director will review all materials submitted.

- If the application is complete and meets the criteria in the Rules and Regulations, it will be forwarded to the Board of Nursing for final approval. If approved, you will receive a copy of this application with the assigned provider number to be used on all CE program completion certificates. Approval may be granted for up to three years.
- If the application is incomplete, the Executive Director will notify you. You will have two opportunities to submit revised applications. Upon third review, the Executive Director may recommend the Board deny approval.

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1. Organization Name: _____

2. *Mailing* Address: _____
Street

_____ _____ _____
City State Zip

3. Administrator Name: _____

4. Person Completing Application *(if not administrator above)*: _____

5. Phone(s): _____ _____ Email: _____

I certify that the information in this application and supporting documentation is complete and true.

Signature of Applicant: _____ Date: _____

BOARD OF NURSING DECISION

Board Meeting Date: _____

☐ Approved

If approved, Provider #: _____ Expiration Date: _____

☐ Not Approved
If not approved, explain: _____